



ZURICH

**TERMS AND CONDITIONS****QUOTE IS SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS  
(APPLIES IF CHECKED)**

<input checked="" type="checkbox"/>	If you want to learn more about the compensation Zurich pays agents and brokers visit: <a href="http://www.zurichnaproducercompensation.com">http://www.zurichnaproducercompensation.com</a> or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.
<input checked="" type="checkbox"/>	The Coverage Exhibit lists the policy coverages and forms to be provided the Company. These may deviate from the requested coverage and wording contained in the Producer Specifications. The Exhibit supersedes all other requests, proposals or discussions. Except as otherwise noted herein, the coverage forms are countrywide and do not reflect state specific required forms. The state forms, where applicable, will be endorsed on to the final policy. Unless otherwise stated elsewhere within this Proposal/Final Confirmation, the coverage forms referenced on the coverage Exhibit will be the most current version used by the Company. Any deviations from the coverages, forms and limits provided herein will require our review and must be authorized by the Company, in writing.
<input checked="" type="checkbox"/>	UM/UIM Selection/Rejection Forms – Please refer to the Selection/Rejection forms packet as it contains information regarding the insured's obligation to Zurich if the insured fails to return the required signed Selection/Rejection forms. <b>All UM/UIM selection/rejection forms must be received by binding or effective date of policy.</b>
<input checked="" type="checkbox"/>	Driver license information and acceptable MVR reports required <b>PRIOR TO BIND</b> for: Robert Capoferri, Kathleen and Frank Capoferri, Ken Messina and Spouse, Steven and Suzanne Plummer, Barbara Labb, Noel Labb
<input checked="" type="checkbox"/>	Acceptable driving duties for Steven DeStefano, Daniel Bollinger, Kevin Arias, <b>PRIOR TO BIND</b>
<input checked="" type="checkbox"/>	Missing VIN numbers for 3, 4, 6, 20, 24, 26, 28, 36, 37, 39, 43, 45, 49, 53, 54, 55, 56, 57, 58, 59, 60, 62, 65, 66, 67, 70, 71, 72, 73, 74, 75 <b>PRIOR TO BIND</b>
<input checked="" type="checkbox"/>	This proposal is presented to you with the understanding that neither Zurich nor any of its subsidiaries, affiliates, or employees, offer, or purport to offer, advice to you concerning the proper financial, accounting, or tax treatment for the policy(ies) of insurance referenced herein and nothing herein should be considered to constitute such advice. If accounting advice, tax advice, or other expert professional assistance is required, you should consult with your own accountant, adviser, counsel, or other similar competent professional with expertise in the required area.
<input type="checkbox"/>	Only non-stacked Uninsured and Underinsured Motorist coverage is being quoted in those states that allow stacking to be rejected.
<input type="checkbox"/>	In those states where stacked Uninsured and Underinsured Motorist coverage is mandatory, we are only offering the following limits \$ .
<input checked="" type="checkbox"/>	Current project list and confirmation of no anticipated work in New York.
<input checked="" type="checkbox"/>	A condition of this insurance is the receipt of signed GL and Auto LRRO forms within 30 days of receipt of the documents.
<input type="checkbox"/>	You should be aware that court decisions in some states have ruled that damage to an insured's completed operations, that is caused by faulty work of its subcontractors, may not be covered under standard I.S.O.-based CGL policies. Zurich has developed an endorsement to provide coverage that is not currently available (the "Resulting Damage To Your Work" endorsement). If you desire a quote for this additional coverage, we will need the actual receipts from construction work from the past 6 years and the percentage of residential construction for each year. When you obtain this information, contact us for a quotation and a copy of the endorsement.
<input checked="" type="checkbox"/>	Provide number of total employees by location when binding Workers Compensation Coverage.

***The above items are required upon binding unless otherwise stated.***

Zurich has prepared this proposal in response to your submission requesting insurance coverage for specific lines of business. This proposal is based on all of the lines of insurance in your submission. In the event you subsequently request a proposal for lines of business that differs from a prior submission, Zurich reserves the right to review and revise the terms and pricing of this proposal.



## COMMERCIAL GENERAL LIABILITY COVERAGE PROPOSAL

**Issuing Company:** Zurich American Insurance Company

COVERAGE	DEDUCTIBLES	LIMITS
General Aggregate Limit (Other than Products – Completed Operations)		\$2,000,000
Product-completed Operations Aggregate Limit		\$2,000,000
Personal and Advertising Injury Limit (Any One Person or Organization)		\$1,000,000
Each Occurrence Limit		\$1,000,000
Damage to Premises Rented to You		\$100,000
Medical Expense Limit (Any One Person)		\$5,000

ADDITIONAL GENERAL LIABILITY COVERAGE	DEDUCTIBLES	LIMITS
Employee Benefits Liability Per Occurrence	\$1,000	\$1M/1M

## ADDITIONAL FORMS AND ENDORSEMENTS

UGU1147 B CW	Fraud Warnings Disclosure Property and Casualty Application Addendum	
UGU1191 A CW	Sanctions Exclusions Endorsement	
IL0003	Calculation of Premium	
IL0017	Common Policy Conditions	
IL0021	Nuclear Energy Liability Exclusion	
UGU315A	Installment Premium Schedule	
UGU319 F	In Witness Clause	
UGU618 A	Schedule of Locations	
UGU619 A CW	Schedule of Forms and Endorsements	
UGUD310 A	Common Policy Declarations	
CG0001	Comm'l General Liability Coverage Form	
UGLD1115	General Liability Supplemental Declarations	
CG2010	Add'l Insured - Owners, Lessees or Contractors - Scheduled Person or Organization	State of New Jersey Its officers and employees
CG2108	Data Breach Exclusion - Coverage B Only	
CG2147	Employment Related Practices Exclusions	
CG2149	Total Pollution Exclusion	
CG2186	Exclusion - Exterior Insulation and Finish Systems	
CG2279	Exclusion Contractors Professional Liability	
UGL1060	Contractors Liability Endorsement	
UGL1175	Add'l Insured - Automatic - Owners, Lessees or Contractors	

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UGL1177	Add'l Insured - Scheduled - Owners, Lessees or Contractors Scheduled Person or Organization	New Jersey Department of Transportation
UGL1178 A	Asbestos Exclusion Endorsement	
UGL1294	Limited Operations Coverage - Work Excluded under a Consolidated (Wrap-Up) Insurance Program	
UGL1517	Collection or Distribution of Material or Information in Violation of Law Exclusion	
UGL1518	Broadened Named Insured	
UGL851 B CW	Employee Benefits Liability Coverage - Occurrence Form	
UGL872	Premium and Reports Agreement - Composite Rated Policies	
UGL923 B	Silica or Silica Mixed Dust Exclusion	
UGL925	Waiver of Subrogation Blanket	
UGLD851	Employee Benefits Liability Dec Page - Occurrence	
UGU767 B 01/15	Cap on Losses for Certified Acts of Terrorism	
UGU630 D	Disclosure of Important Information Relating to Terrorism Risk Insurance Act	
UGU632D	Disclosure of Important Information Relating to Terrorism Risk Insurance Act	

**All state mandatory forms as required**

## COMMENTS

## Schedule of Named Insureds

Asphalt Paving Systems, Inc.

Shore Slurry Seal, Inc.

Shore Microsurfacing Systems, Inc.

Shore Transport, Inc.

PMP Construction, Inc.

Shore Road Maintenance, Inc.

Shore Building Contractors, Inc.

Thomas H. Gannon & Sons, Inc.

Aspen Construction Management

11 Chew Development, LLC

Code Orange, LLC

R. Cap LLC

Shore Resurfacing, LLC



## COMMERCIAL GENERAL LIABILITY - COMPOSITE RATING

☐ General Liability composite rating is not applicable to this account proposal.

☐ General Liability Payroll

☐ Workers Compensation Payroll as developed under policy number

☐ Receipts

Receipts means the gross amount of money charged by the Named Insured or others during the policy period other than receipts from telecasting, broadcasting, or motion pictures, and includes taxes, other than taxes which the Named Insured collects as a separate item and remits directly to a governmental division.

☒ Sales

Sales means the gross amount of money charged by the Named Insured or by others trading under insureds name for all goods and products sold or distributed during the policy period and charged during the policy period for installation, servicing or repair, and includes taxes, other than taxes which the Named Insured and such others collect as a separate item and remit directly to a governmental division.

☐ If any basis other than above applies, specifically define:

EXPOSURE BASIS	EXPOSURE	RATE	PREMIUM
Total Sales All Other States	Redacted		
Total Sales NY			
TRIA			
Total Estimated Premium			
Estimated Tax			
<b>Total Estimated Cost</b>			
Minimum Premium:			